

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL090004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/21/2015
NAME OF PROVIDER OR SUPPLIER HILLCREST CHURCH REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 4123 HILLCREST CHURCH ROAD MONROE, NC 28110		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments This is a Report of a Biennial Construction Survey conducted by Greg Cates on April 21, 2015. Based on Information gathered from our files, the facility was first licensed or submitted for licensure on or about April 25, 1995 with Twenty (20) resident beds. Based on this information, the facility is required to meet the 1991 Homes for the Aged and Infirmed Minimum Standards and Regulations; the 1991 Edition of the North Carolina State Building Code, Section 409-Institutional Occupancy, and the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds.	C 000		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1- Based on observation, the facility has failed to maintain the building clean and free of hazards. Findings include: a- The closer on the door to the Beauty Shop has been removed. b- There are several locations throughout the facility where leaks have allowed a pattern of loose, and/or falling ceiling texturing is present. Specific examples include but are not limited to:	C 166		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL090004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/21/2015
NAME OF PROVIDER OR SUPPLIER HILLCREST CHURCH REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 4123 HILLCREST CHURCH ROAD MONROE, NC 28110		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 166	Continued From page 1 1- North EXIT at the EXIT sign 2- Parlor 3- Clean Linen/ Laundry c- Throughout the building, there is evidence of heavy condensation around the HVAC grilles, causing most of them to rust. d- The grab bar located behind the commode in the bathroom of Room 9 is loose.	C 166		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1- Based on observations, the facility failed to ensure that the one-hour rating of the ceiling was maintained. Findings include: a- There is a gap around the rated drywall ceiling on the perimeter of the Mechanical/ Electrical Room that is not protected with fire-caulk or another approved fire-stopping method. b- There are several ceiling penetrations in the Mechanical/ Electrical Room where holes around pipes or cables have not been sealed with fire caulk or another approved fire-stopping method. c- In the Laundry Room, there are large gaps	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL090004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/21/2015
NAME OF PROVIDER OR SUPPLIER HILLCREST CHURCH REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 4123 HILLCREST CHURCH ROAD MONROE, NC 28110		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	<p>Continued From page 2</p> <p>around the dryer duct where it penetrates the ceiling but is not protected with fire-caulk or another fire-stopping method.</p> <p>2- Based on observations, the facility failed to ensure that the electrical systems is maintained safe and operating.</p> <p>Findings include:</p> <p>a- Several Resident Rooms exhibit a pattern where the GFCI receptacle in the bathrooms register an Open Ground when tested. Specific examples include but are not limited to:</p> <ul style="list-style-type: none"> 1- Room 9 Bathroom 2- Room 6 Bathroom 3- Janitor Closet <p>3- Based on observations, the facility has failed to maintain the smoke/ fire detection system in a safe and operating condition.</p> <p>Findings include:</p> <p>a- The duct smoke detection sampling tubes located in the return ducts of the HVAC system are dirty and may not properly sample the return air for smoke.</p> <p>b- The fire alarm inspection report dated March 15, 2015 notes the following items:</p> <ul style="list-style-type: none"> 1- The audio/ visual device located at the front porch/drive-through canopy did not work when tested. 2- The pull station located at the front did not operate correctly when tested. 	C 189		